MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12045

Reg. Dist. No. 80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor Rural; LENGTH OF STAY (In this place) 7 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roy	JESSE	BABYLON	Dec	18	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb 7 1884	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer Farm	By day	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fletcher Babylon	Jeannette Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no	220-09-3578	Viola N Babylon, New Windsor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary artery disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
[illegible] m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T Marsh	Deputy Medical Examiner	Westminster Md	12/18/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/21/53	Baust Church	near Taneytown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 19/53	Ervie E Benedict	D D Hartzler & Son	New Windsor, Md

VS. A15A

RECEIVED
DEC 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12646

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) Entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md.
STREET ADDRESS (If rural give location) 5624 Winthrop Rd.

3. NAME OF DECEASED: (Type or Print) (First) Julia (Louisa) (Middle) May (Last) Butcher

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1953

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 10/18/72

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bond

14. MOTHER'S MAIDEN NAME: Emma Carnoles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT & ADDRESS: Elsie Fulton, 7619 Bagley Ave. Balt. Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 30 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 10 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic brain syndrome with senility

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23, 19 53, to 12-10, 19 53, that I last saw the deceased alive on 12-10, 19 53, and that death occurred at 9:39 P.M., from the causes and on the date stated above.

SIGNATURE Joe Kamm (Degree or title) M.D. ADDRESS Springfield State Hosp. DATE SIGNED 12-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 14-1953 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 11, 1953 REGISTRAR'S SIGNATURE C. Henry Reed

24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12047

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X — LENGTH OF STAY (in this place) 44 years	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 00.01-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital 15	STREET ADDRESS (If rural give location) Not known

3. NAME OF DECEASED: (Type or Print)	(First) Stella	(Middle) —	(Last) Carter	4. DATE OF DEATH: (Month) Dec.	(Day) 15 (Year) 1953
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 1884	9. AGE last birthday: 69 yrs.	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic	10b. KIND OF BUSINESS OR INDUSTRY: Unk.	11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Not known	14. MOTHER'S MAIDEN NAME: Not known				
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --------	16. SOCIAL SECURITY No.: Unk.	17. INFORMANT & ADDRESS: Hospital records			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
029X Immediate cause	(a) Acute degenerative hepatic disease with	
	DUE TO Icterus (unknown etiology)	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Syphilis	45 yrs.
	DUE TO	
008X	(c) Tuberculosis	40 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Schizophrenia, Hebephrenic type	44 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1926, to 12-14-, 1953, that I last saw the deceased alive on 12-14, 1953, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. Virginia Beyer, M.D.		Springfield State Hospital, Sykesville, Md.	12-15-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	12/15/53	University Medical School	Balto city	Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 15, 1953	C. Harry Weer	Mrs Hensley 578 W	Biddle St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 21 1953
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

12048 Reg. Dist. No. 74

1. PLACE OF DEATH- COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville — LENGTH OF STAY (In this place) since 2/15/33
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — 21-03-2
STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Samuel	M.	COFFMAN		December	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs Hours	Min.
male	white	separated	8/20/78	75 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Washington Co., Maryland	United States

13. FATHER'S NAME: Peter Coffman

14. MOTHER'S MAIDEN NAME: Catherine Zittle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	---	unknown	Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4200 **Immediate cause** (a) Arteriosclerotic heart disease, including coronary — more than 3 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) --- (c) ---

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dementia praecox — 28 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---	---		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--- m.	---	---

22. I hereby certify that I attended the deceased from Feb. 3, 1948 to Dec. 16, 1953, that I last saw the deceased alive on Dec. 16, 1953, and that death occurred at 5:40 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Florian Nadolski	Florian Nadolski, M. D.	Sykesville, Md.	12/17/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/21/53	Rose Hill Cem	Hagerstown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 17, 1953	C. Harry Eiker	A. K. Coffman	Hagerstown Md

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DEC 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12041

CERTIFICATE OF DEATH

Reg. Dist. No. 83

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine | LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) GEORGIA (Middle) G. (Last) CONAWAY

4. DATE OF DEATH: (Month) December (Day) 20 (Year) 1953

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH: 8-8-1891 | 9. AGE last birthday: 62 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas F. Gosnell | 14. MOTHER'S MAIDEN NAME: Laurena Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT AND ADDRESS: Roy C. Conaway, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased alive on —, 19....., and that death occurred at 6:12 P.M., from the causes and on the date stated above.

SIGNATURE Stanley Grabill (Degree or title) M.D. | ADDRESS Mt Airy - Md. | DATE SIGNED 12/20/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 12-23-1953 | NAME OF CEMETERY OR CREMATORY: Morgan Chapel | LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG. 12-22-53 | REGISTRAR'S SIGNATURE: Edna M. Merrill

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. ADDRESS

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JAN 6 1954
BUREAU V. S.

12 50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patapsco (Rural) — LENGTH OF STAY (in this place): 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patapsco
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Franklin (Last) Davidson
4. DATE OF DEATH (Month) Dec (Day) 8 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Aug 20-1868
9. AGE last birthday: 85 yrs. — If under 1 year: Months 3 Days 18 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during [illegible] if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Wesley Davidson
14. MOTHER'S MAIDEN NAME: Mary Algire
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Marion Davidson (Son) Upperco, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

44 ax

Immediate cause (a) Chronic Cardiac-Nephritis (dropsical) — 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asthenia from anorexia — 2 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Dec 7, 1953, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE: Cyril E. Fowble, M.D. (Degree or title) — ADDRESS: Upperco, Md. — DATE SIGNED: Dec 8-1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 11/53 — NAME OF CEMETERY OR CREMATORY: Wesley — LOCATION (City, town, or county) (State): Carroll Co Md
DATE REC'D BY LOCAL REG.: 12/10/53 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Edw Clipton, Hampstead Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 1933
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Film#G160 Item# 9 12/21/83 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12051 Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) since 7-21-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1617 Lancaster Street

3. NAME OF DECEASED: (Type or Print) (First) Otto (Middle) --- (Last) DeWolf
4. DATE OF DEATH: (Month) Decemb. (Day) 8 (Year) 1953
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov. ,1878
9. AGE last birthday: 76 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): printer
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? naturalized
13. FATHER'S NAME: Herman Otto Wolf
14. MOTHER'S MAIDEN NAME: ------ unk--
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: 216-10-2432
17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

10.5

Immediate cause (a) DUE TO Intestinal Obstruction — Interval Between Onset And Death: 3-4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Broncial pneumonia — ½ day

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome, with senile brain disease, with psychotic reaction — more than one year

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ------
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --
(CITY OR TOWN) ------ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 7-21- ,19 52 to 12-8- , 1953, that I last saw the deceased alive on 12-8- , 19 53, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

SIGNATURE Florian Nadolski (Degree or title) Florian Nadolski M.D. ADDRESS Sykesville, Md. DATE SIGNED Dec. 8, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF DEC 11 1953
NAME OF CEMETERY OR CREMATORY MT CARMEL CEMETERY
LOCATION (City, town, or county) ODONNELL STREET (State) MD.
DATE REC'D BY LOCAL REGISTRAR 12/5/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Dippel Bros ADDRESS 1800 ELOMBARD ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

19059

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 9 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4312 Montgomery Avenue

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) JOHN (Last) DWYER

4. DATE OF DEATH (Month) 12 (Day) 16 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 6/3/78

9. AGE last birthday 75 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant - retired

10b. KIND OF BUSINESS OR INDUSTRY [illegible]

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Dwyer

14. MOTHER'S MAIDEN NAME Delia Halpin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. [illegible]

17. INFORMANT AND ADDRESS Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Old Coronary Thrombosis — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1953, to 12/16, 1953, that I last saw the deceased alive on 12/16, 1953, and that death occurred at 8:00 P m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Sykesville, Maryland DATE SIGNED 12/16/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Dec 19, 1953 NAME OF CEMETERY OR CREMATORY St. John's Cemetery LOCATION (City, town, or county) Forest Glen, Md (State)

DATE REC'D BY LOCAL REG. Dec. 17, 1953 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR W. Warren Tattersall ADDRESS 3619-14th St. N.W.

Wash. W C

MARGIN RESERVED FOR BINDING

DEC
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]53

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Greenville
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenville
STREET ADDRESS (If rural, give location) Greenville Road

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Sue (Last) Edwards

4. DATE OF DEATH: (Month) Dec. (Day) 5, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 5, 1953

9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months [illegible] Days [illegible] IF UNDER 24 HRS. Hours [illegible] Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Brown Edwards

14. MOTHER'S MAIDEN NAME: Mary Sue Chatman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mary Sue Edwards, Sykesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Anencephalic monster, Spina Bifida — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Congenital — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2/, 1953, to 12/5/, 1953, that I last saw the deceased alive on 12/5/, 1953, and that death occurred at 6:03 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE) OR TITLE) ADDRESS DATE SIGNED

Wm E. Martin M.D. Randallstown Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12/6/53

NAME OF CEMETERY OR CREMATORY New Oakland Cemetery

LOCATION (City, town, or county) Mineral Hill Rd, (State) Md

DATE REC'D BY LOCAL REG. Jan. 6, 1954

REGISTRAR'S SIGNATURE C. Henry Uhler

24. FUNERAL DIRECTOR (Parents) ADDRESS Sykesville Md

West Haight - Hyattsville, Md

10V3172.401

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

12054 Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 10 Milton Avenue

3. NAME OF DECEASED (Type or Print): (First) Matilda (Middle) A. (Last) Evans

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-14-1872

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Evans

14. MOTHER'S MAIDEN NAME: Jane Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---Hale---

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Terminal Bronchopneumonia — Interval Between Onset and Death: few hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio-vascular Disease — 20 years

(c) Generalized Arteriosclerosis — 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, paranoid type — 16 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15 ..., 19..50., to 12-29....., 19.53., that I last saw the deceased alive on 12-29....., 19.53, and that death occurred at 1:40 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Gerbrud Sonnenfeld M.D. | Springfield State Hospital Sykesville Md. | 12/30/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: JAN. 2, 1954 | NAME OF CEMETERY OR CREMATORY: CARROLLTON CHURCH OF GOD | LOCATION (City, town, or county): NR CARROLLTON | (State): MD.

DATE REC'D BY LOCAL REG.: DEC 31, 1953 | REGISTRAR'S SIGNATURE: C. Harry Tilley

24. FUNERAL DIRECTOR: JOHN R. BYERS | ADDRESS: WESTMINSTER, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12055

Reg. Dist. No. 80

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): New Windsor
LENGTH OF STAY (in this place): Reference
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): New Windsor
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): CLARA JEANNETTE FOWLER
4. DATE OF DEATH: (Month) (Day) (Year): Dec 28 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 3/31/1868
9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ephraim Myers
14. MOTHER'S MAIDEN NAME: Fyda Strawsburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Jerry L. Fowler, New Windsor, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 4221
(a) Pulmonary oedema — Interval Between Onset And Death: 5 hrs.

DUE TO

Antecedent causes(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerotic C-V disease — Years.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1952, to Dec 28, 1953, that I last saw the deceased alive on Dec 28, 1953, and that death occurred at 11:30 pm, from the causes and on the date stated above.

SIGNATURE: James T. Marsh — (Degree or title): M.D. — ADDRESS: Westminster Md — DATE SIGNED: Dec 29/1953

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible] — DATE THEREOF: 12/31/53 — NAME OF CEMETERY OR CREMATORY: Winters Cem. — LOCATION (City, town, or county) (State): Carroll County Md

DATE REC'D BY LOCAL REGISTRAR: Dec 29 — REGISTRAR'S SIGNATURE: Oscar [illegible]
24. FUNERAL DIRECTOR: D. D. Hartzler & Sons — ADDRESS: New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 62 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Wimert Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 6 Wimert Avenue

3. NAME OF DECEASED: (Type or Print) (First) A (Middle) ROY (Last) FRINGER

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 5, 1891

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen. Contractor

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Worthington Fringer

14. MOTHER'S MAIDEN NAME: Sarah Hawk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Myrtle Fringer 6 Wimert Ave. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

180X

Immediate cause (a) Hypernephroma (Lt) with Pulmonary

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) + osius metastases.

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1950

19b. MAJOR FINDINGS OF OPERATION: Hypernephroma Lt. @ Nephrectomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19 53, to Dec 27 19 53, that I last saw the deceased alive on Dec 27, 19 53, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE Galen Morton MD (DEGREE OR TITLE) ADDRESS Westminster Md DATE SIGNED 12/30/53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF Dec 31 1953 — NAME OF CEMETERY OR CREMATORY Baust Cemetery — LOCATION (City, town, or county) Westminster — (State) Md.

DATE RECD BY LOCAL REG. 12/31/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H B Bankard & Son — ADDRESS Westminster, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 56

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Westminster
LENGTH OF STAY (in this place) 89 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 185 W. Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 185 W. Main

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) (Last) GLADHILL

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 27-1864

9. AGE last birthday: 89 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Diehl

14. MOTHER'S MAIDEN NAME: Sarah Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: F. Lillian Roelkey 185 W. Main Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) acute Cardiac decompensation	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic myocarditis	19 mos.
	DUE TO (c) Arteriosclerosis	8 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1952, to 12-15, 1953, that I last saw the deceased alive on 12-14, 1953, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Thos. R. Fouts M.D. Westminster Md. 12-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec. 17 1953 — NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery — LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 12/17 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H. Bankard & Son — ADDRESS Westminster, Md.

RECEIVED
DEC 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Carroll COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural give location) Finksburg, Md.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) S (Last) Hammond
4. DATE OF DEATH: (Month) (Day) (Year) Dec. 7, 1953 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 18, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore County
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John T. Merkel
14. MOTHER'S MAIDEN NAME: Martha J. Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: WmH. Merkel, Reisterstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — years

DUE TO

(c) Arteriosclerosis — years

331X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-53, 19, to 12-7-53, 19, that I last saw the deceased alive on 12-7-53, 19, and that death occurred at 5 pm, from the causes and on the date stated above.

SIGNATURE James G. Laffell (Degree or title) M.D. ADDRESS Reisterstown Md DATE SIGNED 12-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 9, 1953
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-9-53
REGISTRAR'S SIGNATURE: Mary B. Stine
L. K. Woodward
24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 1953
BUREAU V. S.

Item#9,FilmG160 12/28/53mnb

MARYLAND

STATE DEPARTMETT OF HEALTH
12-53

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 7-11-53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital Sykesville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 21-03-2
STREET ADDRESS (If rural, give location) 39 Coffman Ave

3. NAME OF DECEASED (Type or Print) (First) Berta (Middle) Lewis (Last) Hill
4. DATE OF DEATH (Month) 12 (Day) 16 (Year) 1953

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1882
9. AGE last birthday 71 yrs. — If under 1 year Months. Days — If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY unknown
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT AND ADDRESS Hospitals Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
3347
Immediate cause (a) Coronary occlusion
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CBS with cerebral arteriosclerosis with psychotic reaction.
(c)

INTERVAL BETWEEN ONSET AND DEATH: hours; 1 year and longer

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15, 1953, to 12/16, 1953, that I last saw the deceased alive on 12/16, 1953, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (Degree or title) M.D. ADDRESS Springfield State Hospit. Sykesville Md. DATE SIGNED 12/16/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 12-19-53 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Dec. 17, 1953 — REGISTRAR'S SIGNATURE C. Henry [illegible]
24. FUNERAL DIRECTOR Andrew K. Coffman Hagerstown Md — ADDRESS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12060

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Westminster — LENGTH OF STAY (in this place) 10 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural, give location) Smallwood

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) MAE (Last) HOOD				4. DATE OF DEATH (Month) Dec. (Day) 26, (Year) 1953	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 6-3-1874	9. AGE last birthday 79 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Nathaniel Barnes		14. MOTHER'S MAIDEN NAME Sarah ??			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. Harry Porter, Ellicott City, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

2602

Immediate cause (a) ASTHENIA — Progressive

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gangreen of Feet — Sw Necks

(c) Diabetes — many years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? ~~Yes~~ ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) X	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X	(CITY OR TOWN) X (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) X m.	INJURY OCCURRED While at Work ☐ X Not While At work ☐	HOW DID INJURY OCCUR? X	

22. I hereby certify that I attended the deceased from 12-21, 1953, to 12-26, 1953, that I last saw the deceased alive on 12-25, 1953, and that death occurred at 4:34 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. C. Stone	M D	Westminster	12-26-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 12-28-1953	NAME OF CEMETERY OR CREMATORY Freedom	LOCATION (City, town, or county) Carroll Co., Md. (State)
DATE REC'D BY LOCAL REG. 12/28/53	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
DEC
BUREAU V. S

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr Uniontown
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Bridge, Md. R.D.1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Near Westminster
STREET ADDRESS (If rural, give location) Westminster, Md - R.D.1

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Elizabeth (Last) Houser

4. DATE OF DEATH (Month) (Day) (Year): 12/30/53 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/17/1875

9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife, Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: David N. Stamner

14. MOTHER'S MAIDEN NAME: Henrietta Darcus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: O. L. Houser Union Bridge, Md. R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1953, to Dec. 30 1953, that I last saw the deceased alive on Dec. 30, 1953, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Reese Wilkens M.D — ADDRESS Westminster Md — DATE SIGNED 12-31-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1/2/54 — NAME OF CEMETERY OR CREMATORY: Kriders Cemetery — LOCATION (City, town, or county) (State): Nr. Westminster, Carroll Co, Md

DATE REC'D BY LOCAL REG. 12/31/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: H. M. Little & Son Littlestown, Pa.
Per R. A. Little

MARGIN RESERVED FOR BINDING

NUMELU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12062

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mt. Airy
LENGTH OF STAY (in this place) *4 Mo. 19da
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mt. Airy, MD.
STREET ADDRESS (If rural, give location) Nr. Mt. Airy, MD.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Willaim Allen Johnson
4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7-17-1953
9. AGE last birthday yrs. If under 1 year Months 4 Days 1 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Millard Filmore Johnson
14. MOTHER'S MAIDEN NAME Rosa Lee Ellis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Millard F. Johnson Mt. Airy, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-Pneumonia — 16 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Influenza — 3 da

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Dec. 6, 1953, that I last saw the deceased alive on Dec 5, 1953 and that death occurred at 1:05 A.m., from the causes and on the date stated above.

SIGNATURE J Stanley Grabill (Degree or title) M.D. ADDRESS Mt Airy, Md. DATE SIGNED Dec. 6, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-8-53
NAME OF CEMETERY OR CREMATORY Simpson's Chaple Ceme.
LOCATION (City, town, or county) (State) Carroll Co., MD.
DATE REC'D BY LOCAL REG. Dec 7/53
REGISTRAR'S SIGNATURE Wm D Snyder
24. FUNERAL DIRECTOR C. M. Waltz, Winfield, MD. ADDRESS

RECEIVED
DEC 5 - 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 21 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 170 Penna. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 170 Penna. Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) DAIST VIRGINIA KERCHNER

4. DATE OF DEATH: (Month) (Day) (Year) DEC. 23 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 23, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Kopp
14. MOTHER'S MAIDEN NAME: Mary Meuller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs J. E. MacDonald 170 Penna. Ave. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

DUE TO

Antecedent cause(s) (b) " Arteriosclerosis & Myocarditis — Several Mos.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1953, to 12/23, 1953, that I last saw the deceased alive on 12/23, 1953, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE Frank Woodward (DEGREE OR TITLE) MD ADDRESS Westminster DATE SIGNED 12/26/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Dec. 26 1953 NAME OF CEMETERY OR CREMATORY Lazarus Cemetery LOCATION (City, town, or county) Finiboro (State) Md.

DATE REC'D BY LOCAL REG. 12/26/53 REGISTRAR'S SIGNATURE F. Woodward
24. FUNERAL DIRECTOR H. Bankard & Son, Westminster, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

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DEC
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Emmitsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BERTRAM (Middle) MOTTER (Last) KERSHNER
4. DATE OF DEATH (Month) 12 (Day) 17 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 12/19/73
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrical engineer
10b. KIND OF BUSINESS OR INDUSTRY Unk -
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Brewer Kershner
14. MOTHER'S MAIDEN NAME Anna Motter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. Unk -
17. INFORMANT AND ADDRESS Records, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 a. 2. 2

Immediate cause (a) Myocardial degeneration — weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome, senile brain disease — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16/53, to 12/17/, 1953, that I last saw the deceased alive on 12/17, 1953, and that death occurred at 4:05 P m., from the causes and on the date stated above.

SIGNATURE Gertrude M. Gross (Degree or title) M.D. ADDRESS Sykesville, Maryland DATE SIGNED 12/17/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Dec 21. 1953 NAME OF CEMETERY OR CREMATORY Cedar Hill Cremetery LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. Dec. 19 1953 REGISTRAR'S SIGNATURE Blanche S. Eyler
24. FUNERAL DIRECTOR M. L. Creager & Son Fairmont: Md. ADDRESS

12-26-53 C Harry Weir

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12-65

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Taneytown Rural
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Littlestown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taneytown Rural
STREET ADDRESS (If rural give location) Littlestown Rd

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) SOPHIA (Last) LEAKINS

4. DATE OF DEATH: (Month) Dec (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Sept 2- 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: [illegible] Leakins

14. MOTHER'S MAIDEN NAME: Catherine Bowers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Harry Vogt Taneytown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C-V disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 1940, to Dec 6, 1953, that I last saw the deceased alive on Dec, 1953, and that death occurred at 12:30 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Westminster Md 12/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12/8/53 NAME OF CEMETERY OR CREMATORY Beaver Dam LOCATION (City, town, or county) (State) Union Bridge Rural Md

DATE REC'D BY LOCAL REGISTRAR Dec 8 1953 REGISTRAR'S SIGNATURE Ethel M Mehring

24. FUNERAL DIRECTOR ADDRESS D N Hartzler & Son Union Bridge, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 11
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr. Silver Run. LENGTH OF STAY (in this place) 75 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mailing Address - Littlestown, Pa. R-1, Carroll Co. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr. Silver Run, Md.
STREET ADDRESS (If rural, give location) Mailing Address - Littlestown, Pa. R-1, Carroll Co, Md.

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Henry (Last) Mayers
4. DATE OF DEATH (Month) 12/18/53 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 12/5/1861
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Adams County, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Mayers
14. MOTHER'S MAIDEN NAME Catherine Heagy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs David Crabbe Littlestown, Pa. R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) cerebral hemorrhage — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterio-sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1952, to Dec 5, 1953, that I last saw the deceased alive on Dec 5, 1953, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE David B. Cooper (Degree or title) M.D. ADDRESS Littlestown, Pa. DATE SIGNED Dec. 19, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 12/21/53 NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery LOCATION (City, town, or county) (State) Littlestown, Adams Co., Pa.

DATE REC'D BY LOCAL REG. 12/19/53 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. W. Little & Son ADDRESS Littlestown, Pa.
Per R. A. Little

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
LENGTH OF STAY (in this place) 14½ mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Alleg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 22 N. Chase St.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) — (Last) McNamara

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1953

5. SEX: fem

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 8-4-80

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ret. teacher

10b. KIND OF BUSINESS OR INDUSTRY: Unk

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John McNamara

14. MOTHER'S MAIDEN NAME: Bridget Doheny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: Unk

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-20-1

Immediate cause (a) ... Coronary occlusion — Interval Between Onset And Death: minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ... Chronic hypertensive cardiovascular disease more — than 1 yr

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. involutional psychosis, cerebr. arteriosclen. 2 yrs

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10-17, 1952, to 12-29, 1953, that I last saw the deceased alive on 12-29, 1953, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gertrud Sonnenfeldt M.D. Sykesville, Md. 12-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-1-54 — NAME OF CEMETERY OR CREMATORY Cumberland — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 30, 1953 — REGISTRAR'S SIGNATURE C. Harry Weis

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland Md.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 75 2128

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millers Md
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millers Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Florence (Last) Miller

4. DATE OF DEATH: (Month) (Day) (Year) December 31 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: April 24 1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W Lippy
14. MOTHER'S MAIDEN NAME: Hattie Hale.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: H. Walter Miller, Millers Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

Immediate cause (a) Acute Pulmonary Oedema. — INTERVAL BETWEEN ONSET AND DEATH: 15 min.
DUE TO
Antecedent cause(s) (b) Hypertensive Cardio Vascular disease — unknown
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 1, 1950, to Dec 31, 1953, that I last saw the deceased alive on Nov 30, 1953, and that death occurred at 1:45 A.m., from the causes and on the date stated above.

SIGNATURE Joseph E Bush (DEGREE OR TITLE) MD ADDRESS Hampstead Md DATE SIGNED Dec 31, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1-2-54
NAME OF CEMETERY OR CREMATORY Millers Cemetery
LOCATION (City, town, or county) Millers, Carroll Co. (State) Md

DATE REC'D BY LOCAL REG. Jan. 1
REGISTRAR'S SIGNATURE Mrs. W P S Donner
24. FUNERAL DIRECTOR R B Wink ADDRESS Manchester Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R 4 Pool Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster
STREET ADDRESS (If rural, give location) R 4 Pool Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Margaret (Last) Miller
4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	May 9, 1875	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Carroll County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Upton Warner
14. MOTHER'S MAIDEN NAME: Sarah E. Nusbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: ---
17. INFORMANT AND ADDRESS: Wm. M. Miller Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4 22.1 Immediate cause	(a) Myocardial degeneration	12 mos +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1947, to Dec. 4, 1953 that I last saw the deceased alive on Dec 14, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C Reese Wilkens M.D. Westminster Md 12/5/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 7, 1953	Freedom Cemetery	nr Eldersburg Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/6/53		John R. Byers	Westminster, Md.

VS. A15

RECEIVED
DEC 7 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12070

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster 41
LENGTH OF STAY (in this place) about 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Penna Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster 41
STREET ADDRESS (If rural give location) 100 Penna Ave

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) MAE BELLE (Last) MYERS

4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 1953

5. SEX: f

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 4, 1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): house-wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): near Hampstead Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ananias Rineman

14. MOTHER'S MAIDEN NAME: Laura Catherine Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mr. Frank P. Myers 100 Penna Ave Westminster Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 260 X (a) Coronary occlusion — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Diabetes Mellitus — 20 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Dec., 1953 that I last saw the deceased alive on Dec 13, 1953, and that death occurred at ~~Dec~~ 4:10 AM from the causes and on the date stated above.

SIGNATURE Julius Clapher (Degree or title) M. D. ADDRESS Westminster Md DATE SIGNED 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec 16.53

NAME OF CEMETERY OR CREMATORY Kriders Cemetery

LOCATION (City, town, or county) (State) Rural, Westminster Md.

DATE REC'D BY LOCAL REGISTRAR 12/14/53

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR J. E. Myers Jr. ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

12071

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4012 Overlea Avenue

3. NAME OF DECEASED (Type or Print) (First) CHRISTIAN (Middle) FREDERICK (Last) NELKER

4. DATE OF DEATH (Month) 12 (Day) 10 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 7/8/62

9. AGE last birthday 91 yrs. If under 1 year Months. Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor

10b. KIND OF BUSINESS OR INDUSTRY Work

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Work (If year, give war or dates of service) —

16. SOCIAL SECURITY No. Work

17. INFORMANT AND ADDRESS Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic myocarditis and myocardial degeneration.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile brain disease with psychotic reaction ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5, 1953, to 12/10, 1953, that I last saw the deceased alive on 12/10, 1953, and that death occurred at 2:35 P.m., from the causes and on the date stated above.

SIGNATURE Irene L. Holzman (Degree or title) M.D. ADDRESS Sykesville, Maryland DATE SIGNED 12/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Dec. 12, 1953

NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. Dec. 18, 1953

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Lansohn Funeral Home ADDRESS 7401 Belair Rd.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) MARYLAND 5 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 819 N. Howard Street

3. NAME OF DECEASED (Type or Print): (First) Owen (Middle) (Last) O'Niel

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2-3-97

9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paperhanger

10b. KIND OF BUSINESS OR INDUSTRY: Work -

11. BIRTHPLACE (State or foreign country): unknown but U.S.A.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank O'Neil

14. MOTHER'S MAIDEN NAME: Mary O'Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 218-07-7334

17. INFORMANT AND ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). 026X Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Systemic Syphilis — unknown

(c) 002X Pulmonary Tuberculosis — 10 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome assoc. with alcohol intoxication — many yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18, 1953, to 12-18, 1953, that I last saw the deceased alive on 12-18, 1953, and that death occurred at 3.50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walther A. Smuckfield M.D. ADDRESS Springfield State Hospital DATE SIGNED 12/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 12-20-53; NAME OF CEMETERY OR CREMATORY University Medical [illegible]; LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. Dec. 20, 1953

REGISTRAR'S SIGNATURE C. Ramsay Tabler

24. FUNERAL DIRECTOR Mra Ramsay Sr. ADDRESS Eudalia

S - Y

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville
LENGTH OF STAY (in this place): 2 yrs., 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 8 West Montgomery St., Baltimore, Md.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) DeForrest (Last) Parks

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: ?/?/1865

9. AGE last birthday: 88 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Glass blower

10b. KIND OF BUSINESS OR INDUSTRY: Glass Industry

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edwin Parks

14. MOTHER'S MAIDEN NAME: Annie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4435

Immediate cause (a) Terminal pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis and hypertension, myocardial degeneration.

0021 (c) Minimal tuberculosis of the lungs

INTERVAL BETWEEN ONSET AND DEATH: 2l hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, simple deterioration

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6-..., 1951..., to 12-6-..., 1953..., that I last saw the deceased alive on 12-6-53..., 19..., and that death occurred at 6:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter H. Sommerfeldt M.D. Springfield State Hospital, Sykesville, Md.

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE: 12-10-1953 NAME OF CEMETERY OR CREMATORY: Cedar Bluff LOCATION (City, town, or county) (State): Annapolis Md.

DATE REC'D BY LOCAL REG.: Dec. 8, 1953 REGISTRAR'S SIGNATURE: C. Harry Weirl

24. FUNERAL DIRECTOR: John M. Taylor & Sons ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]7

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since 6-9-50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) ------ 1116 Kuhn Ave

3. NAME OF DECEASED: (Type or Print) (First) Irvin (Middle) Bruce (Last) Parlette

4. DATE OF DEATH: (Month) December (Day) 6 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: June 12, 1908

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): painter

10b. KIND OF BUSINESS OR INDUSTRY: --Hack--

11. BIRTHPLACE (State or foreign country): Hagerstown, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roy - Parlette

14. MOTHER'S MAIDEN NAME: Cora Boward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: Hack —

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
490X Immediate cause	(a) Lobar pneumonia	4 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) extreme emaciation due to psychosis	4 months
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Schizophrenic reaction, paranoid type, alcoholism, secondary factor.	23 years

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ------

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ----

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---- (CITY OR TOWN) ---- (COUNTY) -- (STATE) --

TIME OF INJURY (Month) --- (Day) --- (Year) --- (Hour) --- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐ --

HOW DID INJURY OCCUR? -------

22. I hereby certify that I attended the deceased from June 9, 1950, to Decemb. 6, 1953, that I last saw the deceased alive on Dec. 5, 1953, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M.D. — ADDRESS Martin Gross, M.D. Sykesville, Md — DATE SIGNED Decemb. 6, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burn — DATE THEREOF 12/8/53 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town or county) (State) Hagerstown Md

DATE REC'D BY LOCAL REGISTRAR Dec. 7, 1953 — REGISTRAR'S SIGNATURE C. Harry Eiker

24. FUNERAL DIRECTOR A. R. Coffman — ADDRESS Hagerstown Md

RECEIVED
DEC 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster Road	STREET ADDRESS (If rural, give location) Westminster Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	Edward	Peeling	Dec. 9, 1953 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Aug. 16, 1870	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Employed at Congoleum Nairn Co.		Baltimore County	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joshua Peeling	Amanda Raver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	212-14-8737	Roger Peeling, Finksburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) BRONCHIAL PNEUMONIA	48 HRS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CARCINOMA LUNG (BILATERAL)	6 MONTHS
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JUNE, 1949, to DEC. 9, 1953, that I last saw the deceased alive on DEC. 9, 1953, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown Md.	12/9/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 12, 1953	Providence Cemetery	Carroll County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-11-53	[illegible]	J.F. Eline & Sons, Reisterstown, Md.

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Westminster
LENGTH OF STAY (in this place) 89 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 7

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 7

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) EZRA (Last) ROOP

4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 14, 1864

9. AGE last birthday: 89 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Daniel Roop

14. MOTHER'S MAIDEN NAME: Mary Sweensey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John D. Roop Linwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332 X

Immediate cause (a) Cerebral softening — INTERVAL BETWEEN ONSET AND DEATH: Hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis & hypertension 2 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 49, to Dec 28, 19 53 that I last saw the deceased alive on Dec 26, 1953, and that death occurred at 12 15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Reese Norlkens M.D. ADDRESS Westminster Md. DATE SIGNED 12/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF December 31, 1953 — NAME OF CEMETERY OR CREMATORY Meadow Branch Cem. — LOCATION (City, town, or county) Westminster — (State) Md.

DATE REC'D BY LOCAL REG. 12/30/53 — REGISTRAR'S SIGNATURE J. Chrestman

24. FUNERAL DIRECTOR H. Bankard & Son — ADDRESS Westminster, Md.

VS-A15 8-51

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 247

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural R #1, Taneytown X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Grace (Last) Shoemaker

4. DATE OF DEATH: (Month) (Day) (Year) December 31, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 27, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Shoemaker
14. MOTHER'S MAIDEN NAME: Mary Diller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Marlin Fair, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2-0 X

Immediate cause (a) Diabetes mellitus — Interval Between Onset And Death: 15 yrs

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Essential & arteriosclerotic hypertension — 15 years

DUE TO (c) Cerebrovascular Accident (left) hemorrhage — 11 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. First C.V.A. left patient unable to care for self and unable to communicate. — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-21, 1953, to 12-31, 1953, that I last saw the deceased alive on 12-30, 1953, and that death occurred at 6:15 PM, from the causes and on the date stated above.

SIGNATURE Walton E. Stevens (Degree or title) M.D. ADDRESS Taneytown DATE SIGNED Maryland

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 3, 1954
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) (State) Taneytown, Maryland
DATE REC'D BY LOCAL REGISTRAR Jan 2, 1954
REGISTRAR'S SIGNATURE Ethel M Mehring
24. FUNERAL DIRECTOR C.O.Fuss & Son, Taneytown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JAN 7 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Westminster
LENGTH OF STAY (in this place): 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 4

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 4

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) THOMAS (Last) TAWNEY

4. DATE OF DEATH: (Month) Dec (Day) 15 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 8-1869

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Laborer - Trackman W. Md. Rwy.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James T. Tawney

14. MOTHER'S MAIDEN NAME: Mary Lockard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: James Tawney Westminster R.D. 4. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
331X
Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs +
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953, to Dec 15, 1953, that I last saw the deceased alive on Dec 15, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

R. Lee Wilkens M D Westminster Md 12/16/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Dec 18 1953 — NAME OF CEMETERY OR CREMATORY Leister Cemetery — LOCATION (City, town, or county) Westminster, Md (State)

DATE RECD BY LOCAL REG. 12/17/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR W Bankard & Son — ADDRESS

RECEIVED
DEC - 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg Rural — LENGTH OF STAY (in this place): Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lawndale Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg Rural
STREET ADDRESS (If rural, give location): Lawndale Rd

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Charles A Uhler
4. DATE OF DEATH (Month) (Day) (Year): December 9 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Dec 21 1868
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Washington Uhler
14. MOTHER'S MAIDEN NAME: Mary A Fluter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Chas R. Uhler - Finksburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio Vascular Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Dec 9, 1953, that I last saw the deceased alive on Nov 21, 1953 and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph E Bush MD — ADDRESS: Hampstead Md — DATE SIGNED: 12-9-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 11/53 — NAME OF CEMETERY OR CREMATORY: Sandy Mount — LOCATION (City, town, or county) (State): Carroll Co Md

DATE REC'D BY LOCAL REG.: 12/11/53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Edw C Tipton, Hampstead Md — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X
LENGTH OF STAY (in this place) 72 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt6-Westminster (Winfield)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X Rt6-Westminster
STREET ADDRESS (If rural, give location) Winfield

3. NAME OF DECEASED (Type or Print) (First) Edna (Middle) Waneda (Last) Pickett Waltz

4. DATE OF DEATH (Month) December (Day) 16 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 9 1881
9. AGE last birthday 72 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Marcus David Lafayette Pickett
14. MOTHER'S MAIDEN NAME Sarah Emily Jane Lindsay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs H. S. Beck, Jr. Rt6-Westminster Daughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

.60 X

Immediate cause (a) Arteriosclerotic and Hypertensive Heart Disease — Interval Between Onset and Death: Several years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 18 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Dec, 1953, that I last saw the deceased alive on Dec 14, 1953, and that death occurred at 5 45 A.m., from the causes and on the date stated above.

SIGNATURE W.B. Culwell (Degree or title) M.D. ADDRESS Mt. Airy, Md. DATE SIGNED Dec. 16, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 12-18-53 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) (State) Winfield, Md.

DATE REC'D BY LOCAL REG. Dec. 17, 1953 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible], Md.

Dec. 23, 1953 E. M. Farver L.R. [illegible] H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

12081

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 6-24-53	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-31
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 248 Herring Court

3. NAME OF DECEASED (Type or Print)	(First) Walter	(Middle) Edward	(Last) White	4. DATE OF DEATH	(Month) Dec. (Day) 11 (Year) 1953
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 5-3-75	9. AGE last birthday 78 yrs.	If under 1 year Months --- Days --- If under 24 hrs Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired REPAIRMAN	10b. KIND OF BUSINESS OR INDUSTRY DALIA TRANSIT WHITE		11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ????			14. MOTHER'S MAIDEN NAME ????		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service) ---	16. SOCIAL SECURITY No. 213-10-0396 213-[illegible]	17. INFORMANT AND ADDRESS records of Springfield State Hosp.		

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331 X			
Immediate cause	(a)	Bronchopneumonia	3 days
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	cerebro-vascular accident and hypertension	1 mo
	(c)		-
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		psychosis with cerebral arteriosclerosis	9 mo

19a. DATE OF OPERATION ---	19b. MAJOR FINDINGS OF OPERATION ---	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---	(CITY OR TOWN) --- (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ---	

22. I hereby certify that I attended the deceased from July 31, 1953, to Dec. 11, 1953, that I last saw the deceased alive on Dec. 11, 1953, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin Gross, M.D	Martin Gross, M.D.	Sykesville, Md.	Dec. 11, 1953

23. BURIAL CREMATION REMOVAL (Specify) Burial	DATE 12/15/53	NAME OF CEMETERY OR CREMATORY Parkwood Cem	LOCATION (City, town, or county) Balt Md (State)
DATE REC'D BY LOCAL REG. 12-16-53	REGISTRAR'S SIGNATURE LL	24. FUNERAL DIRECTOR Chas Hirwig Sons	ADDRESS 2021 [illegible]

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12682

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 1yr. 7mos. 22days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2219 Hargrove Alley

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) CHARLES (Last) WINTERS

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Seperated

8. DATE OF BIRTH: Oct. 19, 1889

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Junker

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: F. B. Winters

14. MOTHER'S MAIDEN NAME: Susan Lansend

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 216-05-1864

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far advanced bilateral pulmonary tuberculosis — Interval Between Onset And Death: May, 1951

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 17, 1952 to Dec. 9, 1953, that I last saw the deceased alive on Dec. 9, 1953, and that death occurred at 10: a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Lestal M.D. — ADDRESS Henryton, Maryland — DATE SIGNED 12-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/12/53 — NAME OF CEMETERY OR CREMATORY New Cathedral Cem. — LOCATION (City, town, or county) (State) Baltimore City, Md.

DATE REC'D BY LOCAL REGISTRAR 12-9-53 — REGISTRAR'S SIGNATURE Albert R. Swanbaum, Local Deputy

24. FUNERAL DIRECTOR Mrs. Kahl Elliott & Daughter — ADDRESS 1129 N. Caroline St. Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 1953
BUREAU V. S.

12083

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RD #4 — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westminster

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: md — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RD #4
STREET ADDRESS (If rural, give location): Westminster

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) N. (Last) Yingling
4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3-5-77
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: own
11. BIRTHPLACE (State or foreign country): Carroll co md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Josephus Yingling
14. MOTHER'S MAIDEN NAME: Mary Jane Lippy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Daisy B. Yingling Westminster Md. R.D. 4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) myocarditis - chronic decompensating — 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension — year

(c) arteriosclerosis - chronic — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-51 to 12-13, 1953, that I last saw the deceased alive on 12-11-53, 19__, and that death occurred at 1450 m., from the causes and on the date stated above.

SIGNATURE: James G. Saffell (Degree or title) M.D. — ADDRESS: Reisterstown Md — DATE SIGNED: 12-14-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-16-53 — NAME OF CEMETERY OR CREMATORY: Manchester Cem. — LOCATION (City, town, or county) (State): Manchester Carroll md

DATE REC'D BY LOCAL REG.: 12/15/53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: R B Wink — ADDRESS: Manchester Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 18 1953
BUREAU V. S.